Town of Ramapo

Summer Camp Registration 2004

59 Campbell Avenue Suffern, NY 10901 (845) 357-6100

| Parent/Guardian Name | Last: | | | Fir | st: | | | | | |
|---|----------------------------|--|------------------|------------------|-----------------------|---|--|--|--|--|
| Phone Numbers | Home: | () | | Woi | k: () | | | | | |
| <u>(</u> | Camper 1 | Informat | ion: A separate | e form MUST be | completed for each | <u>child</u> | | | | |
| Last Name | | First Name | | Grade in Fall | Date of Birth/ Age | Sex | | | | |
| | | | | | | M or F | | | | |
| YESNO - I authorize the Town of Ramapo to allow my child to walk home from this program at dismissal with the understanding that Town of Ramapo is not responsible for the care of my child after that time. Please list the school your child will be attending in the fall/2004: MINI- CAMP REGISRATION- TOWN OF RAMAPO RESIDENTS ONLY Please check the appropriate camp and options that apply to the camper listed above | | | | | | | | | | |
| # £ | ds- 6 th grades | \$100.00 \$100.00 \$100.00 \$100.00 | | | | | | | | |
| * There will be a \$10.00 reduction for additional children registering from same family/household. | | | | | | | | | | |
| Total Due \$ | | Chec | ek # | Cash | (i | n person only) | | | | |
| | | Cred | lit Card (Visa/M | IC only) | | Exp. Date | | | | |
| | reby releas | se the Tow | n of Ramapo, its | | loyees, and volunteer | rs of any liability nin as a result of his/her | | | | |
| | | | | | promotional purposes | | | | | |
| Parent/Guardian Signature (required) | | | | | Date | | | | | |
| (*Both sides of this form must be complete in order to register) | | | | | | | | | | |

| Camper's Name: | | | | | | | | | | |
|---|--|--|---|--------------------|------------------|--|--|--|--|--|
| | _ | Ith History & | Language Information ut to register) | | | | | | | |
| All information is confidential welfare and enjoyment. Remo | l and remains with the campember to sign at bottom- | o office. Please con doctor's physical | mplete all questions i is not required. | n necessary detail | for your child's | | | | | |
| Address: | | | | | | | | | | |
| School in Fall : | Grade in Fall : | Age: | Date of Birth | ı: / / | M or F | | | | | |
| Mother/Guardian Name: | Work/Beeper/Cell# | | | | | | | | | |
| Father/Guardian Name: | Work/Beeper/Cell# | | | | | | | | | |
| If the child's primary language | e is other than English, plea | se list: | | | | | | | | |
| Emergency/Pick-up Info Please list additional contacts, reached. The individuals liste listed. We will not release you | must be 18 or over, that cod below are the only individual | duals authorized to | pick-up your child ir | | | | | | | |
| 1. Name: | R | elationship: | | Phone: | | | | | | |
| 2. Name: | R | elationship: | | Phone: | | | | | | |
| 3. Name: | R | elationship: | | Phone: | | | | | | |
| Medical Information: Doctor's Name: | | Pho | ne: | | | | | | | |
| Please list any allergies (bee s | tings, foods, medications, e | | | | | | | | | |
| Are any medications or precau | - | | | | | | | | | |
| Is your child required to take 1 | · | | s?o Yes o No If ve | s, please list: | | | | | | |
| 1 | | | • | | | | | | | |
| Medical Comments-limitation | as for camp activities (i.e. pl | nysical, visual, aud | itory, etc): | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Immunization Record- | Required by N.Y.S. Fi | ll in dates- No a | attachments [| * Please rememb | er all dates | | | | | |
| MMR Vaccine- Mumps, Meas | must be hand wrappropriate spots | nd written in e spots, all spaces | | | | | | | | |
| Oral Polio (3 dose): 1 2 3 | | | | | | | | | | |
| Diphtheria/Tetanus (4 doses): | 1 2 | 34 | | returned and not | registered. | | | | | |
| Emergency Authorizati To the best of my knowledge, emergency occurs, I hereby gi | the information listed on the | | | | | | | | | |
| Parent/Guardian Signature | (required) | | | Date | | | | | | |